

PATENT NUMBER

<p>O.I.P.E.</p> <p>SCANNED <u>ACB</u> Q.A. <u>SP</u></p>	<p>PATENT DATE</p>
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Treatment of inflammatory diseases including psoriasis

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____				NOTICE OF ALLOWANCE MAILED	
	_____ (Assistant Examiner) _____ (Date)				
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	_____ (Primary Examiner) _____ (Date)			Amount Due	Date Paid
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) _____ (Date)			ISSUE BATCH NUMBER	

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